

SYBS Softball families:

Winchester High School Softball invites you to participate in a softball clinic designed to prepare youth players for the upcoming softball season. The clinic will focus on defensive fundamentals, hitting mechanics, and pitching. Both sessions will provide hands-on instruction and an opportunity to learn from high school and college players.

This one day clinic is a fund raiser for the high school program.

Hours -

3:15 - 3:30 ---- Player Check-in and Warm-up

3:30 - 5:30 ---- Hitting & Defensive Fundamentals

5:30 - 6:30 ---- Pitching (participants must bring a catcher)

The Coaches:

Michelle White, Winchester High School Varsity Softball Coach. Coach White was a 4-year starter for Boston University and is ranked in the Terrier Record Book. During her college career she was twice named the North Atlantic Conference Player of the Year. Coach White is in her 5th year as Head Coach at Winchester High School and is a former Babson College Assistant Coach. High School and College Players will also be there to assist Coach White with the clinic.

What to Bring:

Each participant should wear practice clothing and sneakers. Bring a water bottle, glove and a bat (if you have one). Participants in the pitching clinic must bring someone to catch for them (parent would be fine). Youth players planning to catch should bring appropriate catching equipment.

Registration Information:

Hitting & Defense session - \$30.00

Hitting, Defense, and Pitching sessions - \$45.00

Complete the form below and mail with your payment to:

Winchester Softball  
20 Mystic Avenue  
Winchester MA 01890.

Checks should be made payable to Winchester Softball. Please register by March 25th, 2009.

Questions, contact Winchester Softball at [winchestersoftball@gmail.com](mailto:winchestersoftball@gmail.com) or call 781-721-1636.

-----CONSENT/PAYMENT FORM FOR SPRING READINESS CLINIC-----

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Town/City \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Winchester Softball, Winchester High School and clinic personnel shall not be held responsible for any accident, injury, medical or dental expenses incurred as a result of my daughter's participation in the above clinic. In the event of injury or illness, Winchester Softball has permission to seek necessary emergency medical treatment for my child.

SIGNATURE of Parent/Guardian: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY #: \_\_\_\_\_

The WHS Softball program thanks you for your support.